



Schedule 2K-1 Beneficiary's Massachusetts Information

2009

Massachusetts
Department of
Revenue

Name of estate or trust		Estate or trust employer identification	
Name of beneficiary	Legal domicile of beneficiary (state)	Beneficiary's identification number	
Mailing address of beneficiary	City/Town	State	Zip
Name of fiduciary			
Mailing address of fiduciary	City/Town	State	Zip
In care of address	City/Town	State	Zip

Check if: ☐ Amended 2K-1 ☐ Final 2K-1 Beneficiary's percentage of taxable income _____

What type of entity is this beneficiary? ☐ Individual ☐ Estate/trust ☐ Charitable organization ☐ Other

Is this beneficiary a nonresident of Massachusetts? ☐ Yes ☐ No

	a. Amount from federal 1041 allocable to this beneficiary	b. Massachusetts adjustments	c. Total amounts using Mass- achusetts law (see instructions) <i>add col's. a and b</i>	d. Massachusetts source income (see instructions)
Allocable share item				
Part B income				
1 Wages, salaries, tips and other employee compensation . . . 1				
2 Taxable pensions and annuities 2				
3 Business/profession or farm income or loss. 3				
4 Rental, royalty and REMIC income or loss. 4				
5 Massachusetts bank interest. 5				
6 Other income, such as winnings, lump-sum distributions, etc. (itemize) 6				
7 Deductions allowed decedents 7				
Part A interest and dividend income				
8 Interest and dividend income (do not include income from common trust funds) 8				
9 Common trust fund interest and dividend income 9				
Part A capital gains				
10 Taxable Part A 12% capital gains (do not include income from common trust funds) 10				
11 Part A 12% short-term common trust fund capital gains . . . 11				
Part C capital gains				
12 Part C 5.3% long-term capital gains (do not include income from common trust funds) 12				
13 Part C 5.3% long-term common trust fund capital gains . . . 13				
Credits and Estimated Tax Payments				
14 Taxes paid to other jurisdictions 14				
15 Lead Paint. 15				
16 Economic Opportunity Area 16				
17 Full Employment. 17				
18 Brownfields. Certificate number _____ 18				
19 Low-income Housing 19				
20 Historic Rehabilitation 20				
21 Film Incentive. Certificate number _____ 21				
22 Medical Device. Certificate number _____ 22				
23 Estimated tax payments made on behalf of nonresident beneficiary by fiduciary 23				
24 Refundable Film Credit. 24				
25 Refundable Dairy Credit. Certificate number _____ 25				
26 Other payments (see instructions) 26				